

DEPARTMENT OF THE AIR FORCE 59TH MEDICAL WING (AETC) JOINT BASE SAN ANTONIO - LACKLAND TEXAS



11 APR 2017

MEMORANDUM FOR MCHE-ZDM-N ATTN: LISA H. LU

FROM: 59 MDW/SGVU

SUBJECT: Professional Presentation Approval

- 1. Your paper, entitled The Influence of Medical Evaluation Board Status on Symptom Reporting Among Service Members with Traumatic Brain Injury presented at/published to 2017 Military Health System Research Symposium (MHSRS); Date/Location To Be Determined in accordance with MDWI 41-108, has been approved and assigned local file #17181.
- 2. Pertinent biographic information (name of author(s), title, etc.) has been entered into our computer file. Please advise us (by phone or mail) that your presentation was given. At that time, we will need the date (month, day and year) along with the location of your presentation. It is important to update this information so that we can provide quality support for you, your department, and the Medical Center commander. This information is used to document the scholarly activities of our professional staff and students, which is an essential component of Wilford Hall Ambulatory Surgical Center (WHASC) internship and residency programs.
- 3. Please know that if you are a Graduate Health Sciences Education student and your department has told you they cannot fund your publication, the 59th Clinical Research Division may pay for your basic journal publishing charges (to include costs for tables and black and white photos). We cannot pay for reprints. If you are a 59 MDW staff member, we can forward your request for funds to the designated Wing POC at the Chief Scientist's Office, Ms. Alice Houy, office phone: 210-292-8029; email address: alice.houy.civ@mail.mil.
- 4. Congratulations, and thank you for your efforts and time. Your contributions are vital to the medical mission. We look forward to assisting you in your future publication/presentation efforts.

LINDA STEEL-GOODWIN, Col, USAF, BSC Director, Clinical Investigations & Research Support

Linda Steel-Goodwin

Warrior Medics — Mission Ready — Patient Focused

PROCESSING OF PROFESSIONAL MEDICAL RESEARCH/TECHNICAL PUBLICATIONS/PRESENTATIONS

INSTRUCTIONS

USE ONLY THE MOST CURRENT 59 MDW FORM 3039 LOCATED ON AF E-PUBLISHING

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 - b. In Section 2, there may be funding available for journal costs, if your department is not paying for figures, tables or photographs for your publication. Please state "YES" or "NO" in Section 2 of the form, if you need publication funding support.
- 2. Print your name, rank/grade, sign and date the form in the author's signature block or use an electronic signature.
- 3. Attach a copy of the 59 MDW IRB or IACUC approval letter for the research related study. If this is a technical publication/presentation, state the type (e.g. case report, QA/QI study, program evaluation study, informational report/briefing, etc.) in the "Protocol Title" box.
- 4. Attach a copy of your abstract, paper, poster and other supporting documentation.
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- 6. On page 2, have either your unit commander, program director or immediate supervisor:
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- 11. The Joint Ethics Regulation (JER) DoD 5500.07-R, Standards of Conduct, provides standards of ethical conduct for all DoD personnel and their interactions with other non-DoD entities, organizations, societies, conferences, etc. Part of the Form 3039 review and approval process includes a legal ethics review to address any potential conflicts related to DoD personnel participating in non-DoD sponsored conferences, professional meetings, publication/presentation disclosures to domestic and foreign audiences, DoD personnel accepting non-DoD contributions, awards, honoraria, gifts, etc. The specific circumstances for your presentation will determine whether a legal review is necessary. If you (as the author) or your supervisor check "NO" in block 17 of the Form 3039, your research or technical documents will not be forwarded to the 502 ISG/JAC legal office for an ethics review. To assist you in making this decision about whether to request a legal review, the following examples are provided as a guideline:

For presentations before professional societies and like organizations, the 59 MDW Public Affairs Office (PAO) will provide the needed review to ensure proper disclaimers are included and the subject matter of the presentation does not create any cause for DoD concern.

If the sponsor of a conference or meeting is a DoD entity, an ethics review of your presentation is not required, since the DoD entity is responsible to obtain all approvals for the event.

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- NOTE: All abstracts, papers, posters, etc., should contain the following disclaimer statement:
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Title: The influence of medical evaluation board status on symptom reporting among service members with traumatic brain injury

Tsagaratos, J.E., Lu, L.H., Cooper, D.B., Reid, M.W., and Kennedy, J.E. Defense and Veterans Brain Injury Center (DVBIC)
Department of Neurology (MCHE-ZDM-N), San Antonio Military Medical Center JBSA Fort Sam Houston, Texas 78234

Background

A medical evaluation board (MEB) is initiated by command to determine whether a service member (SM) with medical condition(s) is fit or unfit to perform his or her assigned duties. The results of MEB exams are evaluated to return the SM back to duty or to medically separate him or her. Because a MEB could result in a medical discharge from the military, some SM might diminish the severity of their symptoms out of fear of being discharged. Alternatively, SM might be influenced to exaggerate his or her symptoms in order to receive more benefits. We examined whether MEB status of SM with traumatic brain injury (TBI) influenced scores on two measures of inflated symptom reporting: The Neurobehavioral Symptom Inventory (NSI) validity-10 index, which is composed of symptoms infrequently endorsed by patients with mild TBI, and the Mild Brain Injury Atypical Symptoms scale (MBIAS), which is composed of neurologically improbable symptoms following mild TBI.

Methods

As part of standard operating procedure at the Brooke Army Medical Center, SM who self-reported TBI were interviewed, and those who consented were administered questionnaires. A sample of 212 SMs' data was analyzed, 149 participants were not in the MEB process and 63 were. 88% of the population were male (n= 190). Out of those who were not going through a MEB, 86% were diagnosed with a mild TBI (N= 128), 10% with a moderate/severe TBI (N=15). Of those going through a MEB, 87% were diagnosed with a mild TBI (N=55), 8% with a moderate/severe TBI. The average age of the population was 35 years old (SD = 8.3) and the average number of deployments was 2.3 (SD = 1.7). We examined distribution of participants by MEB status and two measures of potential bias in symptom reporting. Participants with a NSI validity-10 score > 22 and MBIAS > 7 were classified as possibly inflated symptom reporters.

Result

On the NSI validity-10, out of the sample that was undergoing a MEB, 51 out of 63 (81%) received scores above 22, and out of the 149 subjects who were not going through a MEB, 85 (57%) received scores above 22 ($\chi^2(1) = 11.00, p = .001$). On the MBIAS, out of the sample that was undergoing a MEB, 20 out of 62 (32%) received a score above 7, and out of the sample not going through a MEB, 25 out of 148 (17%) scored > 7 ($\chi^2(1) = 6.13, p = .01$).

Conclusion

Those in the MEB process were more likely to have NSI-validity 10 and MBIAS scores above cutoff than those not in the MEB process. This could reflect that those in the MEB process were more likely to exaggerate their symptoms, or that they have more symptoms that contributed to them being in the MEB process. Clinical interviews that rely on open-ended questions and assessment of the potential for over-reporting using instruments with better psychometric

properties are necessary in this population to distinguish probable inflated reporting from false positives.

"The views expressed are those of the authors/presenters and do not reflect the officials views or policy of the Department of Defense or its Components."

"The voluntary, fully informed consent of the subjects used in this research was obtained as required by 32 CFR 219 and DODI 3216.02_AFI 40-401."